



STATE OF MARYLAND

# DMMH

**Maryland Department of Health and Mental Hygiene**  
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**

Sherry Adams, R.N., C.P.M, Director

Isaac P. Ajit, M.D., M.P.H., Deputy Director

**April 3, 2009**

**Public Health & Emergency Preparedness Bulletin: # 2009:12**  
**Reporting for the week ending 03/28/09 (MMWR Week #12)**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

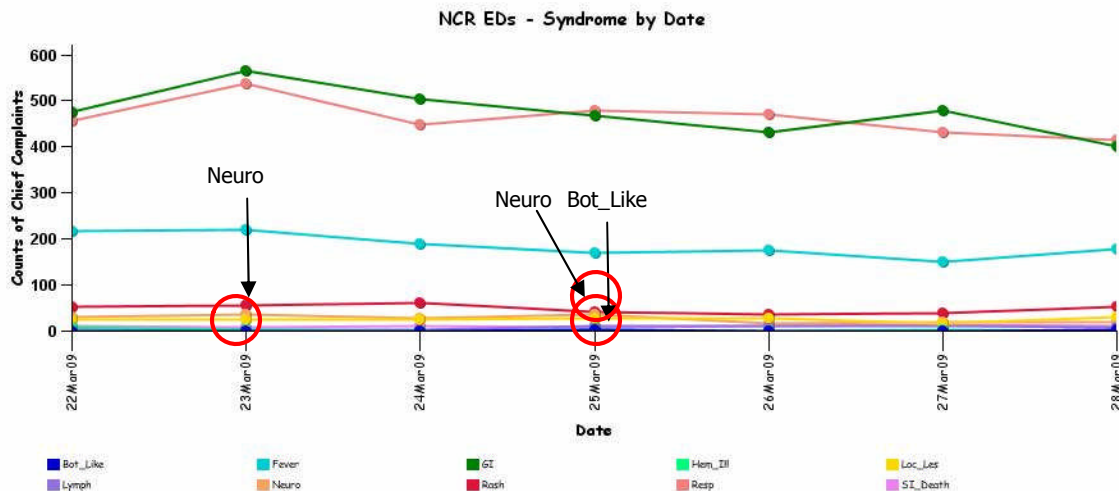
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

**SYNDROMIC SURVEILLANCE REPORTS**

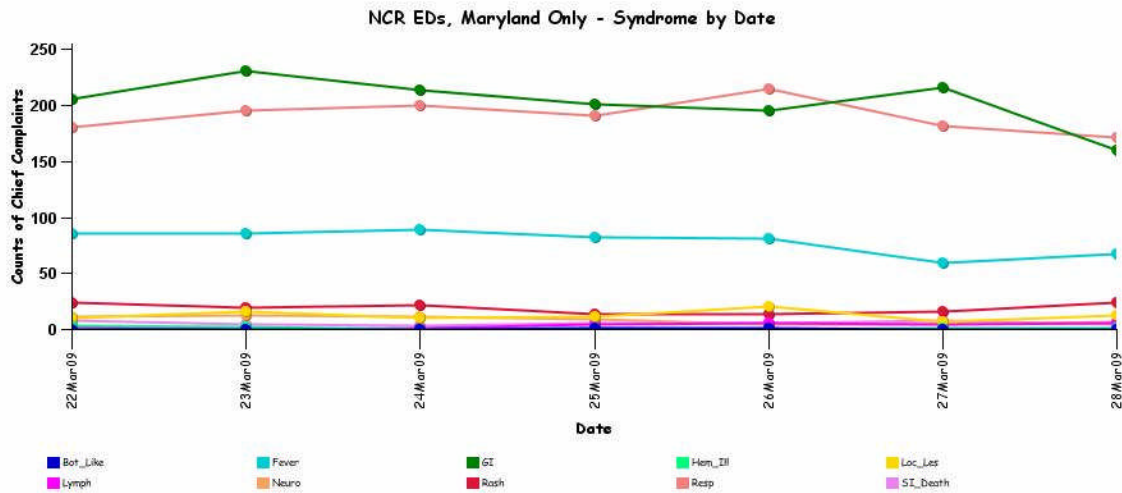
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

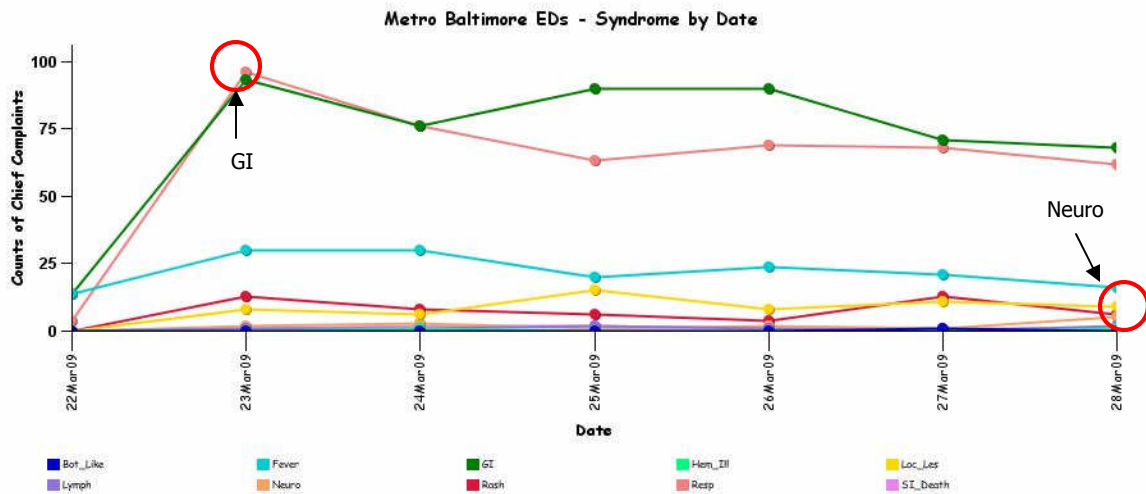
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

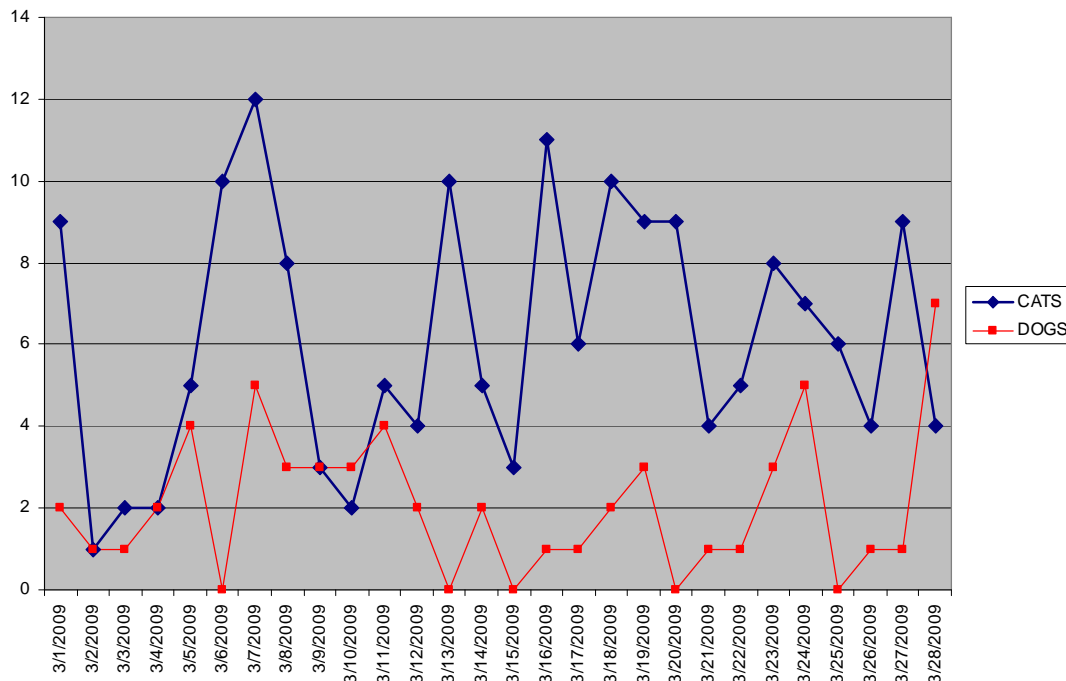


\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**\*\*Not all data for Metro Baltimore hospitals was available on March 22 due to technical issues\*\***

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

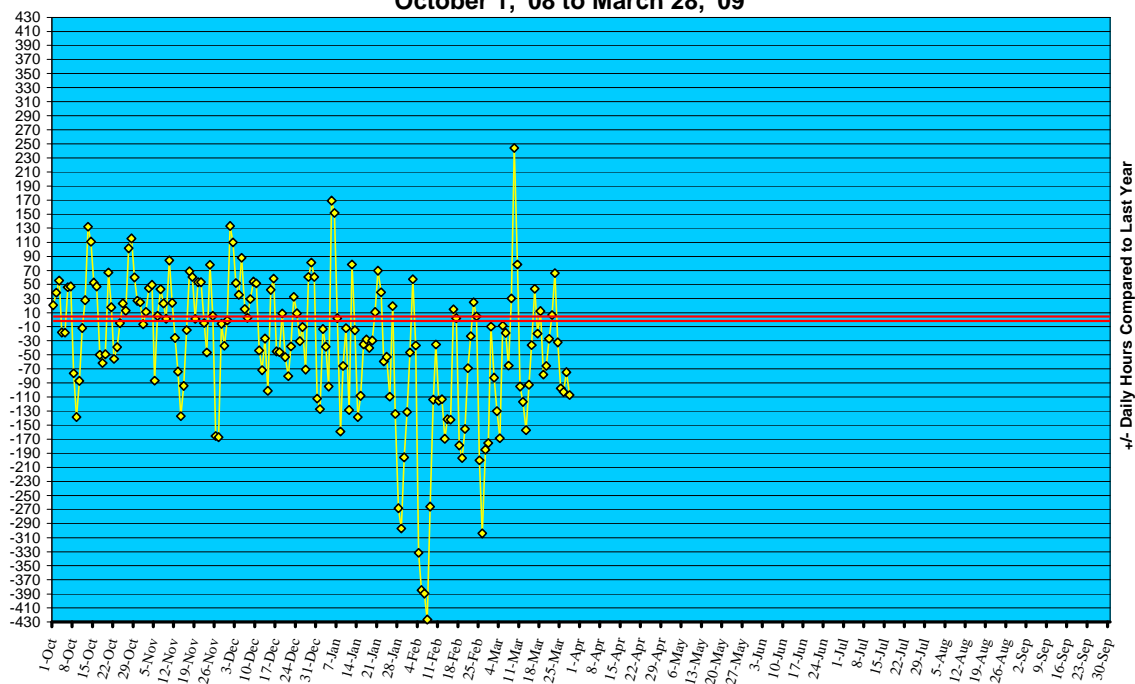
**Dead Animal Pick-Up Calls to 311**



## REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '08 to March 28, '09**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2009 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Mar 22 – Mar 28, 2009):	12	0
Prior week (Mar 15 – Mar 21, 2009):	06	0
Week#12, 2008 (Mar 16 - 22, 2008):	16	0

### **5 outbreaks were reported to DHMH during MMWR Week 12 (March 22- 28, 2009):**

#### 4 Gastroenteritis outbreaks

2 outbreaks of GASTROENTERITIS associated with Nursing Homes

1 outbreak of GASTROENTERITIS associated with an Organization

1 outbreak of GASTROENTERITIS associated with a School

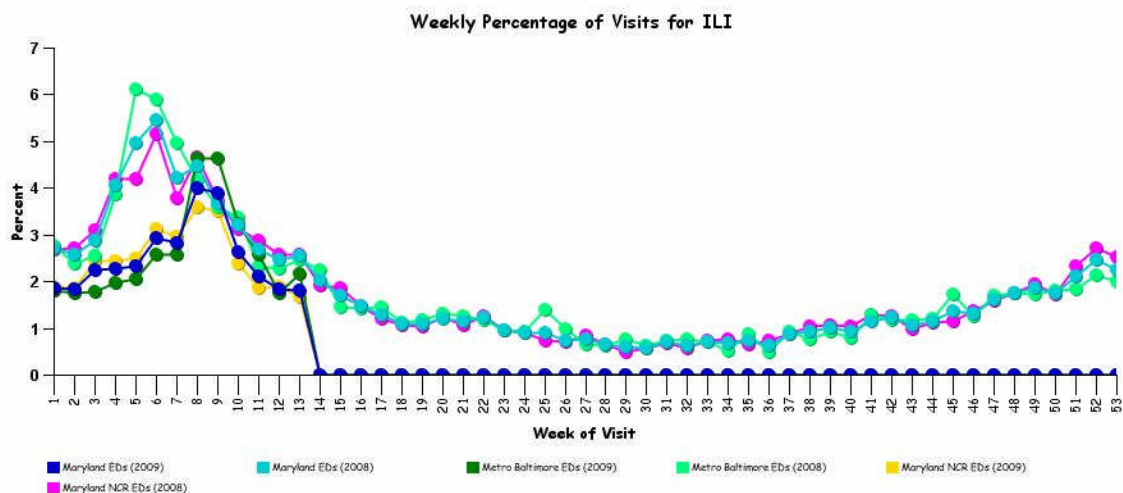
#### 1 Rash illness outbreak

1 outbreak of MEASLES associated with a Community

**MARYLAND SEASONAL FLU STATUS:** Influenza activity in Maryland for Week 12 is LOCAL. During Week 12, 283 confirmed cases of influenza were reported to DHMH.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of March 23, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 412, of which 256 have been fatal. Thus, the case fatality rate for human H5N1 is about 62%.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (INDONESIA):** 28 Mar 2009. The Garut Health Service has recorded 46 cases of bird flu in Garut District up to 23 Mar 2009 [presumably since the beginning of the outbreak in Indonesia in 2005]. The 46 cases included one surviving bird flu patient, 4 dead bird flu victims, 36 surviving bird flu suspects and 5 dead bird flu suspects, Dr Hendy Budiman, head of the Garut health service, said here on Thursday [26 Mar 2009]. The district health authorities even found 2 new bird flu suspects in Cintanagara village, Cigedug sub district, recently, he said. The 2 bird flu suspects were currently being treated at a local hospital and their condition was improving, he said. The new patients were a 30-year-old woman and her 35-year-old sister from Tabrik Lebak Cintamaya kampung [village]. Around 50 chickens died suddenly in the village of the patients, he said, adding that his office was currently investigating the sudden death of the chickens. Meanwhile, a 2-year-old boy died at Arifin Achmad Public Hospital in Pekanbaru, Riau Islands Province, on Thursday. The child died after suffering from a respiratory problem and fell unconscious, Dr Azizman Saad, coordinator of bird flu control at the Arifin Achmad hospital, said in Pekanbaru on Thursday.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (INDONESIA):** 26 Mar 2009. A resident of Desa Mangun Jaya, Kecamatan Anjatan, Indramayu, West Java, is suspected to have contracted bird flu. The victim was brought to Indramayu regional hospital due to high fever and prolonged breathing difficulty. The 33-year-old victim was admitted to hospital Wednesday night [25 Mar 2009] after being treated previously at Anjatan public health center. He is now housed in a special observation room with intensive treatment. The patient had contact history with dead chickens before admission. A blood sample has been sent to the Indramayu Health Service laboratory. A team at Indramayu regional hospital is still observing the patient, and no confirmation has been issued yet. The patient is the 3rd bird flu suspect treated in Indramayu regional hospital during 2009.

**AVIAN INFLUENZA (INDONESIA):** 26 Mar 2009. Two districts (Kecamatan) in South Jakarta have been declared "Red Zones" for bird flu virus. This statement was made regarding 2 fatal victims who died from bird flu virus illness in February and March 2009. "It means that this area is susceptible to bird flu spreading," said head of the Livestock and Fishery Service, South Jakarta, Chaidir Taufik after his team had finished a fowl depopulation measure this afternoon [25 Mar 2009]. The 2 districts declared susceptible to bird flu are Kecamatan Pesanggrahan and Kebayoran Lama. "We don't know how long this status will last," he added. The Livestock and Fishery Service of South Jakarta culled about 1322 fowl from 10 districts in South Jakarta. This measure was taken according to regional regulation Perda No 4, 2007 for pandemic preparedness, which states that all bird species without certification from the government should be culled before April 2010. Culling was done at Wartas Pinang.

**AVIAN INFLUENZA, HUMAN (VIET NAM):** 25 Mar 2009. A woman suspected of dying from avian influenza at a hospital in southern Bac Lieu Province last Friday [20 Mar 2009] -- as reported previously in 'Avian influenza, human (56): Viet Nam (DT) NOT, (ST) has tested negative for the virus, the Bac Lieu Preventative Health Center said Monday [23 Mar 2009]. The center's director Nguyen Thanh Tung said tests had confirmed that the patient from the Mekong Delta province of Soc Trang had not contracted the H5N1 virus. The patient was admitted to the hospital last Monday [16 Mar 2009] with symptoms similar to those of bird flu including headache, fatigue, and respiratory distress. A person familiar with the matter said the woman had eaten sick ducks about a month ago [February 2009].

**AVIAN INFLUENZA, HUMAN (EGYPT):** 23 Mar 2009. The Ministry of Health and Population of Egypt has reported a new confirmed human case of avian influenza in a 38-year-old female from Elfath District, Assiut Governorate. Her symptoms started with fever and headache on 14 Mar 2009. She was admitted to Assiut Fever Hospital on 14 Mar 2009, where she was started on oseltamivir the same day and remains in a stable condition. Infection with H5N1 avian influenza was confirmed on 18 Mar 2009 by the Egyptian Central Public Health Laboratory. Investigations into the source of her infection indicate a history of close contact with dead and sick poultry prior to becoming ill. Of the 59 cases confirmed to date in Egypt, 23 have been fatal.

### **NATIONAL DISEASE REPORTS:**

No new outbreaks related to CDC Critical Biological Agents were reported this week.

### **INTERNATIONAL DISEASE REPORTS:**

**ANTHRAX, PORCINE (RUSSIA):** 28 Mar 2009. Anthrax in a pig has been reported in the Voronezh region. The diagnosis was confirmed in the Voronezh regional veterinary laboratory. The pig carcass has been burnt, and anti-epizootic measures have been applied. The causes of this case are under investigation. The last anthrax case in the Voronezh region was registered in 1964. This farm has been placed under quarantine. There are 600 head of livestock on the affected pig-breeding farm. All livestock at the affected farm has been vaccinated; livestock in the neighbouring zone has been vaccinated as well. During the inspection specialists collected samples of soil, forage, litter, etc. Farm workers have also been examined. At present all workers are healthy. No new anthrax cases have been noted at the farm. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN (INDIA):** 26 Mar 2009. At least 4 people have died of suspected anthrax and many others seriously afflicted in a couple of weeks at Chancharaguda area under Bissamcuttack block of Rayagada district [Orissa state]. The exact number of the victims has not yet been ascertained as the tribal people usually prefer "disari" (a traditional village doctor) to professional doctors, and any case of death while under treatment with the disaris remains unreported, sources said. The disease claimed many lives in the same region last year [2008]. This time, the matter has come to the fore after some people brought the matter to the notice of the personnel of the nearest PHC [Primary Health Center]. A medical team was immediately rushed to the area. The patients were treated and blood samples were collected. The medical officials were informed about the deaths of [the 4 named dead, ages 30-45]. Many others were checked by the health service personnel. Their condition is said to be out of danger. A 12-year-old boy is reportedly undergoing treatment at Bissamcuttack Christian Hospital. Dr Nabakishore Kundu of Bissamcuttack CHC [Community Health Cell] opined that consumption of stale meat may be the prime reason. "Lack of awareness mainly due to illiteracy is the biggest hindrance in providing treatment to the affected tribal people. We have been convincing them [to get] health checkups, but with little success," he said. [It is not stale, but infected, meat that is the culprit. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (INDONESIA):** 23 Mar 2009. The local health agency in Banyumas regency has diagnosed around 200 residents from villages in 3 districts as being infected with the mosquito-borne chikungunya virus (CHIKV). Around 100 of them were from Sumpiuh district, and the rest from Somagede and Kemranjen districts, all bordering each other. Banyumas Health Agency head Gempol Suwandono told reporters Wednesday [18 Mar 2009] the 3 districts were vulnerable to the disease. "We received reports from each community health center in the 3 districts" he said. He added that the 3 districts were labeled as vulnerable areas a few years ago. "3 years ago, we determined they were safe, but now the disease has recurred," Gempol said, adding that many swampy areas and stagnant pools were found in the districts, thus providing good breeding grounds for mosquitoes. "I have urged residents to maintain cleanliness and not leave stagnant water lying around." (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Maryland's Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Heather N. Brown, MPH  
Epidemiologist  
Office of Preparedness and Response  
Maryland Department of Health & Mental Hygiene  
300 W. Preston Street, Suite 202  
Baltimore, MD 21201  
Office: 410-767-6745  
Fax: 410-333-5000  
Email: [HBrown@dhmd.state.md.us](mailto:HBrown@dhmd.state.md.us)

Sadia Aslam, MPH  
Epidemiologist  
Office of Preparedness and Response  
Maryland Department of Health & Mental Hygiene  
300 W. Preston Street, Suite 202  
Baltimore, MD 21201  
Office: 410-767-2074  
Fax: 410-333-5000  
Email: [SAslam@dhmd.state.md.us](mailto:SAslam@dhmd.state.md.us)